

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000005088

FILED
Feb 28, 2011
Secretary of State

Entity Name: ARKANSAS BLUE CROSS AND BLUE SHIELD, A MUTUAL INSURANCE COMPANY

Current Principal Place of Business:

601 GAINES STREET
LITTLE ROCK, AR 72201

New Principal Place of Business:

601 GAINES STREET
LITTLE ROCK, AR 72201 US

Current Mailing Address:

PO BOX 2181
LITTLE ROACK, AR 722032181

New Mailing Address:

PO BOX 2181
LITTLE ROACK, AR 722032181 US

FEI Number: 71-0226428

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: BLAKELY, CAROLYN F PHD
Address: 1200 N UNIVERSITY MAIL SLOT 4931
City-St-Zip: PINE BLUFF, AR 71611 US

Title: D
Name: BRITTAIN, SUSAN
Address: PO BOX 518
City-St-Zip: MALVERN, AR 72104 US

Title: D
Name: BROTHERS, ROBERT V
Address: PO BOX 809
City-St-Zip: ROGERS, AR 727570809 US

Title: D
Name: GREENWAY, MARK
Address: PO BOX 777
City-St-Zip: LOWELL, AR 72745 US

Title: D
Name: JESSON, BRADLEY D
Address: PO BOX 10127
City-St-Zip: FORT SMITH, AR 729170127 US

Title: D
Name: KELLEY, JAMES V
Address: PO BOX 789
City-St-Zip: TUPELO, MS 388020789 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LEE DOUGLASS

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02/28/2011

Electronic Signature of Signing Officer or Director

Date